

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000065305

FILED
Apr 25, 2007
Secretary of State

Entity Name: CC/DE, INC.

Current Principal Place of Business:

4061 NW 43RD ST
SUITE 20
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

4061 NW 43RD STREET
SUITE 20
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3734746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOLTON, JERE
32 FIRST STREET S.
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SEC () Delete
Name: WILLIAMS, JORY D SEC
Address: 1818 W. HILLS AVE
City-St-Zip: TAMPA, FL 33606 US

Title: PRES () Delete
Name: MAY, JOHN B PRES
Address: 9910 NW 53 AVE
City-St-Zip: GAINESVILLE, FL 32653 US

Title: VP () Delete
Name: TOLTON, WILLIAM J VP
Address: 1818 W. HILLS AVE.
City-St-Zip: TAMPA, FL 33606 US

Title: TRES () Delete
Name: PORTER, II, WILLIAM S TRES
Address: 9910 NW 53 AVE
City-St-Zip: GAINESVILLE, FL 32653 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM PORTER

_____ Electronic Signature of Signing Officer or Director

TRES

04/25/2007

_____ Date